

Attachment V FISC Frequently Asked Questions

FISC Application within CCS MTP

1. Q: How can we show progress that children make that is not measured by the FISC.
A: Progress that is not documented by the FISC score should be described in the comment section of the FISC form and reported in the MTU Therapy Summary, and the MTC Summary.
2. Q: Is the FISC performed on “clinic only” children?
A: NISS and FISC do not need to be performed on “clinic only” children who have no therapy orders.
3. Q: How do you want us to determine total service hours? Staff recommends to include last evaluation until current but not to include time for current evaluation because they may not document on same day that they perform evaluation.
A: State Staff recommends counting the service delivered the day after the prior FISC through and including the day of the current FISC.
4. Q: For patients who may not have been evaluated for 2+ years due to family’s lack of follow-through, when counting the total service hours, does the therapist go all the way back several years to the last evaluation, or just go back 12 months from the date of the current evaluation? What if the last evaluation was done 13 or 14 or 15 months ago? Do we go back to the last evaluation when counting the total service hours?
A: Go back to the prior FISC whenever it occurred.
5. Q: If one discipline re-evaluates sooner, (6 months instead of one year), and changes only one item, can they keep the others the same, (carry them forward/or the result of the scores forward)?
A: If only one discipline re-evaluates, only the relevant scores and service time for that discipline are recorded. The scores for the other discipline are carried forward and zero units are recorded for the other discipline. The other discipline will update the other scores and service time later.
6. Q: Is counting both direct and indirect time skewing the results under total service hours?
A: All service units are recorded (OT treatment, evaluation, case conference, consultation, documentation, PT treatment, evaluation, case conference, consultation, documentation) It is important that the analysis evaluates all types of service, both direct and indirect.
7. Q: Do you think the FISC score should be included on the patient's evaluation or can the FISC stand alone and not be attached to the patient record?
A: The FISC should be a separate part of the patient record and should be referenced or included in the following documents: OT/PT Therapy Summaries, OT/PT Treatment Plans, and MTC Summary.

8. Q: Should the FISC be distributed to the parents, regional center, primary physician signing the prescriptions and anyone else that we copy the evaluations to regularly?
A: The FISC information should be distributed as part of the OT/PT Therapy Summaries, OT/PT Treatment Plans, and MTC Summary.
9. Q: How will we be submitting the data to the State?
A: You may use your own format for now.
10. Q: Is the staff therapists responsible for determining the FISC change?
A: Yes, subtract the prior score from the current score.
11. Q: When the PT and OT re-evaluation sequence varies due to the level of service, can the FISC be completed by one discipline?
A: The FISC is usually completed by both disciplines and merged to obtain the total score. When the disciplines are working on different cycles (6m v 12 m) you can carry forward the prior scores for the discipline that does not have re-evaluation due. Enter therapy service units only for the discipline responsible for the FISC tasks being scored at that time.
12. Q: Please clarify appropriate amount of time for task. Is this appropriate amount of time compared to a child with normal function at the same age?
A: The amount of time that is reasonable and functional. If the child takes 20 minutes for lower body dressing when given mod assist but 60 minutes if done by self the score is mod assist.
13. Q: Can PTAs and COTAs do the FISC?
A: OT and PT may score the FISC based on their own observations and information from PTAs and COTAs.

FISC General Questions:

1. Q: The original paperwork named the FISC the Functional Improvement Score, we have also seen Functional Improvement Scale, which is the correct name of the tool?
A: This is a typographic error. The scale refers to the evaluation tool and the score refers to the child's scores.
2. Q: Therapists may have different ideas of how long a task should take, would you consider providing guidelines for us to use with our staff to assist with consistency with our staff performing the evaluation?
A: We have not planned to develop standard times.
3. Q: The instructions that state " braces, splints and DME and adaptive devices may be used by the child in each of the tasks at any independence level except "Independent". The score of "independent" means that the child can also do the task in an appropriate amount of time without equipment. This is scored as "

independent" even though the child may be instructed to wear the brace or prosthetic device for all activities.

A: Yes

4. Q: Do you score the FISC based on the child's best performance or the child's average performance?

A: The FISC is scored based on the child's ability to do the task in reasonable amount of time. For children who are inconsistent in their performance due to behavior, distractibility, etc., score their average performance.

5. Q: What if behavior is an obstacle to completing an item and impedes the child from completing the task in an appropriate amount of time, do we grade down, even if we know they have the motor function to complete the task?

A: The child who has erratic behavior and does not typically do the task even with supervision (score 6) or structured environment and setup (7) would have to be scored based on the amount of assistance required to compensate for the behavior. Use the most appropriate score and explain the reason in comments.

6. Q: For children who are cognitively unable to follow commands, what if they will not do lower-level gross motor items because they are performing beyond that skill? For example, what if a child is creeping and the therapist is unable to get him to crawl for 3 feet because he automatically rises to quadruped and creeps?

A: The score can be given based on the expectation that the child can do the task. Children who demonstrate high-level function do not have to be asked to do all of the lower level tasks.

7. Q: There are instances in which it would not be advisable for a female patient to be assessed by a therapist on dressing and toileting issues secondary to previous psychological/abuse history. How would we proceed to score in this case?

A: The therapist may determine that it is inappropriate to assess that skill at the current time. The score would be dependent if the child is dependent in other FISC tasks. The score would be independent if the child is independent in other FISC tasks. The therapist would make a comment on the FISC score sheet indicating how the score was determined.

8. Q: If the OT knows the patient is dependent in all self-care should they still ask the family to bring test items since tasks must be demonstrated?

A: A therapist does not need to see efforts to do high level tasks when a child is known to be dependent in most skills.

9. Q: Do "assistive devices" include DME such as commode chairs, tub chairs, grab bar?

A: Yes

10. Q: Children that are NPO how do we score them?

A: They are dependent in feeding skills due to medical problems. Finger feeding, spoon-feeding and cup drinking are not functional if the child is not allowed to feed by mouth.

11. Q: If a child requires more assistance in one direction than the other which score do we use?

A: Score based on the amount of assistance required to do the task from starting position through initial direction and back to starting position.

12. Q: Is age taken into account as it relates to what the FISC scores actually reveal?

A: There is a comparison score and graph based on age for unimpaired children based on developmental norms.

13. Q: If the child can perform the task without assistance but it increases the amount of time it takes how do we score?

A: Score the amount of assistance the child needs to perform the task in a reasonable amount of time. If dressing the upper body can be done in 60 minutes without assistance but can be done in a few minutes with moderate assistance, the score is 2.

14. Q: How do you score when range of motion is limited and prevents the completion of the task even with assistance.

A: Score dependent due to medical condition and explain in comments.

15. Q: Can N/A be put on the FISC for Level? The directions state that N/A should be given a level of Dependent and a score of 0. But N/A and dependent are not the same thing. So can the therapist put N/A under Level with a comment why it was N/A and score it 0?

A: Score as 0 and put explanation in comments.

16. Q: What if a child refuses to do a task during the initial evaluation?

A: Use your best judgment as to the child's assistance level based on other tasks performed.

FISC Task Specific Questions

1. Rolling

2. Assume prone on elbows

3. Assume Quadruped

Q: How should a highly functional hemiplegic child or person with an amputation be scored if unable to bear weight on Bilateral UE but able to independently attain tripod and creep in tripod well past the distance criterion?

A: Allow one arm support or abnormal posture of affected arm if the functional posture is achieved. Place a comment in the comment section.

4. Crawling

Q: If it's not age appropriate, do we have to make patients roll, crawl, and creep?

A: Score as dependent if the child is not chronologically or developmentally old enough for the task.

Q: What if they bunny hop the required distance?

A: Bunny hopping is not crawling.

5. Creeping

Q: What if the child is an amputee and can creep on 3 point instead of 4 point?

A: Allow the child to perform the task in a tripod posture. This may be scored as independent.

6. Supine to Sit

Q: The item grades support needed to attain, but then requires them to maintain without support for 5 seconds how are they graded if they need support to maintain sitting also?

A: Score based on the amount of assistance for the whole process, moving to the new posture and maintaining for 5 seconds.

7. Sit to stand

Q: Do the child's feet need to be flat to the floor in the starting position on the chair?

A: Yes

Q: Can the child use a table to help move to the standing position?

A: No

Q: Can the child use an assistive device for example a walker to perform the task or should you grade how much the assistance the child needs without an assistive device?

A: The child may use a walker to get to stand. The best score in this case would be modified independence (7).

Q: What happens if the amount of assistance required to stands differs with and without the device, which do you, score?

A: Score the method that gives the highest score.

Q: If a child normally wears braces but can sit to stand or crawl without them, do we score 7 or 8?

A: 8

8. Kneeling

Q: Is the task to assume kneeling or to maintain kneeling?

A: There is a misprint in some of the early FISC instruction packages that says "Assume Kneeling." The task is kneeling. The child is placed in the kneeling position at the start.

Q: How are the highly distractible kids graded that can easily attain and maintain kneeling indefinitely, but are distracted when a toy is introduced?

A: Score based on the amount of assistance necessary to maintain the position when distracted.

9. Curbs

Q: Is there a certain height of curb that you want tested? Some units have 4", 6", and 8" curbs.

A: 6" curb height.

Q: Since the highest level that you can give on this item is a Supervised or a score of simulate the curb with a raised platform that is large enough for the child to walk on and stop and step on/off the edge or does this skill really need to be observed in the community?

A: Yes can be simulated.

10. Stairs

Q: States that the child may hold a rail or wall. What if the child is physically able to climb up/down stairs using 2 railings or a railing and a wall, but not just one? Do you score the amount of assist that they need to use just one railing or do you comment that it takes 2 railings?

A: Use one railing. It is rare for a child to have 2 railings available in the community.

Q: If a child is a LE amputee and can hop up/down the stairs without his prosthesis during the evaluation would he be scored an 8 or do we score him using the prosthesis as a 7 since that is reflective of how he accesses his home environment or community?

A: We usually don't ask the child to hop up/down the stairs but if the therapist knows the child can do this then the score can be independent. You may want to make a comment so that it is clear how FISC was scored.

11. Move across room by Ambulation Wheelchair

Q: How do we score directional control problems for children who cannot move across the room in a straight line? (Ambulating, propelling a manual chair, or steering a power chair)

A: Score is based on how much assistance the child needs to maintain a straight line and get across the room.

Q: How should we standardize the measurement of gait velocity i.e. from a stop, while in stride or at a normal pace versus their best pace?

A: Measure from a stopped position on one side of the room to a stopped position on the other side of the room.

Q: What precision is needed as many children are scoring about 3.5 to 4 seconds?

A: Round off to the nearest second.

Q: What if the child uses both a wheelchair and walks?

A: Score the best method (least assistance or fastest method). The use of a manual or power wheelchair would be a maximum score of modified independent (7).

12. Floor to stand

Q: If the child performs the task independently using a wall or furniture, would this be considered "modified independent"?

A: The task must be done without walls or furniture. If the child uses a walker this may be scored "modified independent" (7)

13. Bed to chair or Bed to/from Wheelchair

Q: Is the bed the same height as the Wheelchair?

A: Yes, the bed should be the same height so that the procedure is a level transfer.

Q: Is a scooting transfer OK?

A: Yes. The child may scoot or use a pivot transfer. If a sliding board or a walker is used then the maximum score would be modified independence (7)

Q: If child is ambulatory, why would we score child for a transfer from bed to chair.

A: If the child is ambulatory and would not need to do this transfer you may score the child independent if this seems likely based on similar activity such as transferring from one chair to another.

14. Chair to and from Floor

Q: Do you want the child to be scored based on what they usually use in their environment or do you want both a chair to floor assessment and a w/c to floor assessment performed?

A: Score the task that is most appropriate for the child.

15. In and out of standard bathtub

Q: If the parents report that their home does not have a bathtub (some apartments and converted garages only have a shower stall) and the child only takes a shower, do we still need to evaluate the child climbing in and out of a bathtub?

A: Yes, the score based on a bathtub.

Q: If the child gets into the bathroom by walking on knees, can this be an acceptable starting position.

A: Yes. The child may start by standing, kneeling or sitting in a wheelchair.

16. On and off toilet

Q: If the MTU has only child-height toilets within the unit, can they use a raised toilet seat on the toilet to get a regular height toilet?

A: Yes

Q: If the child gets into the bathroom by walking on knees, can this be an acceptable starting position.

A: Yes. The child may start by standing, kneeling or sitting in a wheelchair.

17. Finger feeding

Q: What size food for Finger feeding and how much spillage is okay?

A: The finger food is described as small (bite size). Spillage should be low enough to keep task functional or score the assistance needed to keep the spillage reasonable.

18. Utensil feeding

Q: When grading the ability to complete a meal, what food items and textures of foods need to be tested?

A: Foods that are age appropriate and medically appropriate for the specific child.

19. Cup Drinking

Q: What if for swallowing the child uses a straw to drink, how do we score?

A: If not allowed to drink from a cup then score dependent due to medical problems.

Q: How much spillage is allowable?

A: Spillage should be low enough to keep task functional or score the assistance needed to keep the spillage reasonable.

20. Dressing upper body

Q: How do we score if they can do shirt with button front and jacket with zipper?

A: Those garments are scored as part of complex dressing.

Q: Mom reports child is independent with dressing; child is high functioning and refuses to dress during the evaluation. How do we score?

A: Score based on knowledge of child's other skills and record the circumstances in comments.

22. Complex dressing

Q: Why are we averaging score of 3 completing different test skills? They may be able to don/doff clothes, be independent in one fastener and dependent in the other 2 components therefore it doesn't give a true score or give a visual of what this child is able to complete? How are these tasks averaged?

A: Make the score based on best judgment of the assistance needed for the entire process. The therapist may indicate individual scores for each item of clothing in the comments section.

23. Shoes with Laces

Q: Many of the children no longer use shoes that tie, they have Velcro and now some have zippers, do we use the shoes the child normally wears to score the FISC or does the child have to perform donning and doffing shoes that tie?

A: The test is to tie laces. This measures hand dexterity that has additional implications. Have a pair of shoes with laces in the MTU to assess this.

24. Light hygiene

Q: How is min, mod, max assist averaged if they independent with one, min with one and max with one?

A: Make the score based on best judgment of the assistance needed for the entire process. The therapist may indicate individual scores for each item of clothing in the comments section.

Q: If simulated bathing is okay, can simulated tooth brushing be okay too, if the patient doesn't bring their adaptive equipment?

A: A toothbrush, paste and water are needed for this task.

25. Grooming

Q: How do we grade managing tangles in hair, as there are a wide variety of abilities to perform this, even among our therapists?

A: Use best judgment.

Q: Can boys with extremely short crew cuts still score Independent even if they can but don't brush their hair?

A: Yes

Q: How do you score a child whose hairstyle is not easily amenable to this grooming task; such as tight braids and very long hair.

A: Score as dependent because it requires another person to do it. Explain in comments.

26. Bathing

27. Toileting

Q: Is there any circumstance when we can use parent report?

A: Use best judgment if it is inappropriate to evaluate a child in this skill, but score based on knowledge of child's other skills.

